



Reciprocating Internal Combustion Engines

INITIAL NOTIFICATION

Applicable Rule: 40 CFR Part 63, Subpart ZZZZ –
National Emission Standards for Hazardous Air Pollutants
(*NESHAP*) for *Stationary Reciprocating Internal*
Combustion Engines (RICE)

Air Quality Control Division
5600 South 10th Street
Omaha NE 68107-3501
Phone: (402) 444-6015
Telefax: (402) 444-3904

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REC'D

DEC 16 2011

APCO

For official use only: City ID#

State ID#

This form must be completed, signed and submitted to the following agencies (see 40 CFR 63.6645 for applicable notification dates):

- (1) City of Omaha- Air Quality Control, 5600 S. 10th Street, Omaha, NE 68107 AND
- (2) Region VII EPA, 901 North 5th Street, Kansas City, KS 66101-2907

Who is subject to this Rule?

Sources with the following stationary engines are subject to the initial notification requirements:

1. At major sources of HAP:
 - a. All non-emergency engines > 500 HP;
 - b. Existing non-emergency engines > 100 and ≤ 500 horsepower (HP);
 - c. New or reconstructed emergency and limited use engines > 500 HP; and
 - d. New or reconstructed non-emergency four-stroke lean burn (4SLB) engines ≥ 250 HP.
2. At area sources of HAP:
 - a. Existing non-emergency compression ignition engines > 300 HP; and
Existing non-emergency spark ignition 4SLB and four-stroke rich burn (4SRB) engines > 500 HP that operate >24 hours per year.

SECTION I – GENERAL INFORMATION

Print or type the following information for each facility for which you are making initial notification:

Facility Name Locust Street Pump Station, Eppley Airfield	
Facility Address 2601 Locust Street East	City, State, Zip Omaha, NE 68110
Responsible Official's Name/ Title David L. Roth, P.E., Director P & E	Responsible Official's Phone Number 402-661-8000
Responsible Official's Mailing Address/Billing Address (if different than above) 4501 Abbott Drive, Suite 2300	City, State, Zip Omaha, NE 68110

SECTION II – APPLICABILITY

Provide the following information for the applicable stationary engine(s). Add additional tables or rows as needed.

Unit #	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
101	1987	900	27.60	Diesel	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
102	1987	900	27.60	Diesel	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
103	1987	900	27.60	Diesel	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES

****SEE ATTACHED SHEET FOR ADDITIONAL ENGINES.**

Contact the Air Quality Control Division at (402) 444-6015 with questions.

Revised 3/8/2011



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SECTION II – APPLICABILITY

Provide the following information for the applicable stationary engine(s). Add additional tables or rows as needed.

Unit #	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
104	1988	900	27.60	Diesel	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
105	2000	800	27.60	Diesel	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
					<input type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES

SECTION III – SOURCE CLASSIFICATION AND TYPE

Check the box that applies:

☐ Facility is a major source of hazardous air pollutants (HAPs).*

☒ Facility is an area source of HAPs.*

**Note: A major source is a facility that has a potential to emit greater than 10 tons per year of any single HAP or 25 tons per year of all HAPs combined. All other sources are area sources. The major/area source determination is based on all HAP emission points inside the facility fence line.*

Is the engine(s) a new/reconstructed emergency or limited use engine and > 500 horsepower located at a major source of HAP ?

☐ Yes

☒ No

If YES, the engine(s) does not have any additional requirements under Subpart ZZZZ, but you must meet the requirements of 40 CFR Part 60 New Source Performance Standards Subpart IIII for Compression Ignition Engines or Subpart JJJJ for Spark Ignition Engines .

Source Type - Check the box that applies:

☐ New Source

☒ Existing source

You are an existing source under NESHAP Subpart ZZZZ if your engine is:

1. >500 horsepower at a major source of HAP and installed or built on-site before 12/19/02; or
2. ≤500 horsepower at a major source of HAP and installed or built on-site before 6/12/06; or
3. At an area source of HAP and installed or built on-site before 6/12/06.

You are a new or reconstructed source if the engine was installed, built on-site, or reconstructed on or after the above dates. A change in ownership of an existing engine doesn't make it new.

SECTION IV - CERTIFICATION

The Responsible Official must certify below. The Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the facility;
- An owner of the facility;
- The plant engineer or supervisor of the facility;
- A government official, if the facility is owned by the Federal, State, City, or County government; or
- A ranking military officer. If the facility is located at a military base.

(Print or type the following information.)

Name: David L. Roth

Title: Director of Planning & Engineering

Telephone Number: 402-661-8000

Email: dave.roth@flyoma.com

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.


(Signature of Responsible Official)

12/13/2011
(Date)